

STATE OF MONTANA

CERTIFICATE of WITHDRAWAL of FOREIGN LIMITED LIABILITY COMPANY APPLICATION

MAIL: **LINDA McCULLOCH**
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov



Prepare, sign, submit with an original signature and filing fee.
This is the minimum information required

(This space for use by the Secretary of State only)

Filing Fee: \$15.00

- ☐ 24 Hour Priority Filing Add \$20.00
☐ 1 Hour Expedite Filing Add \$100.00

For the purpose of withdrawing from the State of Montana as a limited liability company ([35-8-1010, MCA](#)), the undersigned submits the following statements of fact to the Secretary of State and has attached a certificate by the Department of Revenue to the effect that the Department of Revenue is satisfied from the available evidence that all taxes imposed by [Title 15, MCA](#), have been paid:

1. The name of the limited liability company is: _____
2. It is incorporated under the laws of: _____
3. It is not transacting business or conducting affairs in Montana and it hereby surrenders its authority to transact business and conduct affairs in Montana.
4. It revokes the authority of its registered agent in Montana to accept service of process and consents that service of process in any action, suit or proceeding based upon any cause of action arising in Montana may thereafter be made on it by service thereof on the Secretary of State of the State of Montana.
5. Provide a mailing address to which the Secretary of State may mail a copy of any process against the corporation served on him:

Street Address

City or town State Zip code

6. It will notify the Secretary of State should any other changes be made in its mailing address.

7. If it was involved in a merger, the name of the surviving corporation/llc is:

and its state of jurisdiction is:

8. The mailing address of the surviving corporation/llc is:

Street Address

City or town State Zip code

The execution of any document required to be filed with the Secretary of State constitutes an affirmation, under penalties of false swearing, by each person executing the document that the facts stated therein are true. ([35-1-428, MCA](#))

Signature of Manager/Member

Date (Mo/Day/Yr)

GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

ALL INFORMATION PUBLIC

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

FORM PROCESSING TIME

Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.

PRIORITY FILING

- You may request 24 hour priority filing of your document by simply marking the "24 hour priority filing" box and include an additional \$20.00 with your filing fee.
- You may request 1 hour expedite filing of your document by marking the "1 hour priority filing" box and including an additional \$100.00 with your filing fee.

SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State
PO Box 202801
Helena, MT 59620-2801

CONTACT US

If you have any questions regarding this form, please contact the Secretary of State Business Services at (406) 444-3665.